MIDDLEBURY COLLEGE
GENERAL POLICY ON DRUGS

March 31, 1969

Middlebury College in no way condones the illegitimate use of drugs nor the abuse of drugs which may be prescribed for legitimate medical purposes. Use of various drugs from marijuana to LSD is illegal under a variety of state and federal statutes. The College cannot provide a haven for those who break these laws.

In general, the College regards drug use and abuse as a medical problem. Students who utilize drugs may be required to leave school for medical reasons. Students who are concerned about drugs either for themselves or others are urged to discuss their problems with the College Physician. All such conversations are regarded as strictly confidential, no information will be transmitted to other offices of the College, and no action will be taken against any student on the basis of information given to the College Physician or Psychiatrist.

As regards specific drugs:

Marijuana: The use of marijuana is illegal both by Vermont and Federal statute. Various law enforcement agencies are currently engaged in a vigorous campaign to suppress the use of this drug. The College cannot interpose itself between the student and the law without obstructing justice as the law defines it. When students utilize marijuana they invite police intervention on the campus - a situation seriously disruptive of the orderly function of the College.

Whatever legal penalties the student may suffer as a result of possession or use of marijuana, the College reserves the right to deal with each case on an individual basis. Persistent use of marijuana signaling psychological dependence on the drug is at least as serious as alcoholism. As in the case of alcoholic addiction, the College may require the student to withdraw for reasons of health.

L.S.D., Mescaline and Methadrine (STP, "Speed"): The best medical evidence indicates that these drugs are of great potency and that their effect on individual behaviour is dangerously unpredictable. At least two suicidal attempts and a potential homicidal episode in connection with LSD and Mescaline have occurred at Middlebury this year. The College will require the immediate withdrawal for health reasons of students using any such drugs. Normally, readmission will not be considered for a minimum of two years and then only on the strongest psychiatric advice.

Narcotics: Physiologically addictive drugs such as heroin and morphine are highly destructive of the person's psychological and physiological well-being. The College will require students detected using narcotics to withdraw for reasons of health.

Drug Abuse: Many drugs have legitimate medical uses; e.g., the barbiturates and amphetamines. They can, however, be abused in such a manner that they pose a real threat to mental or physical well-being. Drug abuse will be dealt with as a medical problem and a student's status will be determined on recommendation of the College Medical Director.

Students who actively encourage other students to use drugs or act as suppliers to students or those outside the College will be subject to disciplinary action up to expulsion.

When a student's name occurs repeatedly in connection with a drug problem even though no concrete information or direct witness is involved, the Deans will call the student into their office to discuss the matter and to warn him or her of the potential dangers of drug use. If in the judgment of the Dean there is sufficient reason to believe that the student does have a significant problem, the Dean will inform the parents or guardian of the information at hand.

MARIJUANA AND HIGHER EDUCATION

It is frequently claimed that colleges ought not to take positions on moral issues which confront students. While this notion may be debatable in general, it is not true in regard to the "moral" base without which the special educational mission of the College cannot continue. This moral base can be remarkably broad. Among its components one would find respect of persons (for no conversation toward the truth proceeds without mutual respect), courage (to face distressing truths which clash with comforting, received dogma) and honesty (to the facts and varying opinions of others).

In the matter of marijuana, there is a "moral" conviction of the College that clashes on a very basic level with drug use. Freud speaks for the life of the mind in his famous dictum, "Where id is, there ego shall be." The ego is the public, conscious life, the instrument of "reality testing," toward which the College's search for truth is directed. To the extent that drugs weaken or disintegrate the sense of ego, they strike fundamentally at the life of the College. The unconscious or impulse life, while the reservoir of psychic energy is <u>in itself</u> essentially private, non-communicable and unconcerned with public reality. Indulgence in the impulse life isolates a man from the community of his fellows and from the community of learning in particular.

Advocates of marijuana frequently challenge this "moral" view of the College on the ground that the intellectual life is barren, dessicated and abstract. Drugs, they say, open up the richness of impulse, offer an escape from repressive training and give spontaneity to the personality.

Does marijuana enrich the personality of the user? The ideal personality should have access to the impulse life because ego converts the raw energy of impulse into publicly meaningful action. The ego <u>integrates</u> impulse into personality so that it no longer operates as a foreign body. If ego <u>represses</u> impulse, the personality is in a situation of inner tension and subject to breakdown. The utilization of marijuana (and very frequently of alcohol) releases impulse but does not truly <u>integrate</u> impulse into the personality of the user. The spontaneity produced by drugs is a programmed spontaneity. There is a week of barren work, then a weekend for "turning on." Even the metaphor of "turning on" implies the artificiality and non-integrative aspect of drug use. One "turns on" the impulse life with a drug as one would turn on the faucet for a drink of water. The weekend indulgence in fantasy is then turned off when the student returns to the classroom. Impulse is rigidly denied to the conscious life of the classroom, the conscious life is rigidly denied to the weekend spree.

From a medical standpoint there are two very good arguments against legalizing the sale of Marijuana at the present time. First, there are idiosyncracies to the drug which cannot be predicted for any one individual. If a person should prove to be overly sensitive to it, the reaction could be a long-lasting and serious one. Second, there really is very little positive information relative to the long-term effects of Marijuana available at the present time. Studies are presently going on in many areas in an effort to know exactly what the drug can do. There are all sorts of conflicting reports about Marijuana, but the answers, documented by research studies, are not available to us as yet. Until such time as we are given proof that Marijuana is or is not harmful or potentially harmful, it behooves us to be cautious.

The potential dangers of using potent hallucinogens such as LSD, Mescaline, Psilocybin, and DMT are so great that users of these agents are literally playing with their lives. Homicidal and suicidal behavior, psychoses, delirium, paranoia, homosexual behavior, and chromosomal changes are all well recognized effects of these drugs. Any intelligent individual must recognize that the use of these agents constitutes true Russian Roullette.

One final note - there are a great deal of erroneous thoughts about the value of Benzidrene, Dexidrene and their derivatives as far as their stimulating effects are concerned. The mere fact that these drugs are stimulants is important to keep in mind. They exert profound effects on the heart and circulation - blood pressure is raised, pulse rate is increased, the output of the heart is increased, blood vessels are contracted. It, therefore, is important for anyone using these drugs to be checked to determine whether or not there are any contraindications to its use. Strokes and heart attacks have been caused directly by the use of these stimulants.

A real fallacy, however, is the notion that these drugs will enable a person to accomplish a great deal more work in a given period of time simply by enabling him to stay awake. Regardless of what we feel in terms of being stimulated, it is a fact that the brain cannot function without sleep. No matter how many hours one stays awake the efficiency of the brain function falls way off after about 16 to 18 waking hours, so that the ability to think is in no way helped by the use of a stimulant even though the drug may make one feel wide awake for long periods of time. Functional efficiency is improved far better with four hours of sleep than by a Benny or one of its derivatives.

SUMMARY

1. Never, under any circumstances, use hard stuff - e.g., opium, heroin, morphine, or cocaine. Anyone who does is sick and had better realize it fast. It is impossible to avoid addiction.

2. LSD and Mescaline will produce the greatest risk to life and safety of the user - and of others with whom in contact - while on a trip.

3. After two trips - at the most three - on LSD there is absolutely nothing more you can get from it. Your chances of a bad trip increase greatly from that point on.

4. Never use any drug unless you know exactly what you are using. The intentional administration of a drug to any person, without that person's knowlege of what it is, is a heinous act and should be a felony.

Medical Director

MIDDLEBURY COLLEGE
MEDICAL STATEMENT ON DRUGS

During the past year in particular there has been considerable interest in the entire subject of hallucinogenic drugs on this campus as evidenced by the many inquiries regarding effects on health, which have been directed to the Health Services. It seems appropriate, therefore, that we attempt to answer these questions by reviewing what is currently known about the effects of these agents. As has been stated in the past, our concern for you with regard to the use of drugs is primarily from the standpoint of your health - your physiological and psychological well-being. The deleterious effects of drugs on your health is of prime importance and therefore you are entitled to know as much as possible about the effects which they can produce. Most widespread in use, of course, is Marijuana; so this would seem to be the appropriate starting point.

Advocates of lifting the legal restrictions on the use of Marijuana state that it is no more harmful than alcohol or cigarettes. However, reports of serious adverse emotional reactions and personality changes are increasing. Panic, gross confusion, impulsive and aggressive behavior, depersonalization, depression, and paranoid behavior have been reported, especially when Marijuana is combined with other drugs such as alcohol and amphetamines. With large doses, delusions or hallucinations can occur. Indolence and neglect of personal hygiene may follow prolonged heavy use, and intellectual functioning and memory may be impaired. Descriptions of the behavioral and subjective effects of large doses of Marijuana, LSD, and Mescaline are remarkably similar.

It is now well recognized that the drug causes a fall in blood pressure which can lead to faintness or an uncomfortable lightheadedness. Excessive tearing, "blood-shot" eyes, and light sensitivity are common eye signs which impair vision. Muscular incoordination, muscle spasms, urinary frequency, dryness of the mouth, nausea, vomiting, and diarrhea frequently occur to the point of being incapacitating. A fall in the blood sugar almost universally occurs, this leading to uncomfortable weakness and uncontrolled hunger. A lowering of the body temperature has been observed recently to the point of producing cold extremeties and white fingertips. Large amounts of Marijuana will depress respiration, which is the first sign of impending death in animals given lethal doses of the drug.

One other important aspect of the drug is the now well-recognized withdrawal effect. Psychological symptoms such as panic, depression, inability to concentrate, paranoid behavior, guilt feelings, etc., are known to become more pronounced <u>after</u> discontinuing the use of Marijuana. Furthermore, these effects will generally last for a minimum of three weeks and frequently for much longer periods of time - occasional cases now having been reported for as long as six months.

Discussion of drugs like that of sex frequently jams at the level of physiology. A single physiological experience with marijuana may or may not signify characterological problems. Physiologically, a medical experimenter taking drugs under clinical conditions is not "experiencing" anything different from the illicit user. (Obviously, society does have a different moral attitude toward drug use since under no conditions does it permit the clinical investigation of robbery or murder - experimenters are never permitted to experience murder or rob a bank to see what it feels like.)

What makes clinical drug experiment licit is the "culture" which surrounds and interprets the physiological experience. To the extent that student drug use is embedded in a culture which views drugs as escapist, ego-repressive and non-integrative with the rational life, it is fundamentally opposed to the life of the College. Given the physiological effects of drugs, it is extremely difficult to see drug use as embedded in any other culture than that of being ego repressive except for the highly artificial and constructed situation of the clinical experiment.

The College's position on drugs, particularly marijuana, should be understood as a firm opposition to the basic characterological and cultural aspects of drug use. The choice for drugs is complex, but it almost invariably carries a component which is antithetical to the ideal of the life of the mind.

A number of Middlebury students have used and continue to use marijuana in a fashion which is relatively non-destructive of their educational careers. A sufficient number of pathological cases exist, however, to make the Deans and medical authorities consider that marijuana usage at Middlebury is a significant problem. The common difficulty arises when a student begins to experiment with the drug. The most frequent effects are well known and involve lengthy periods of lassitude and inactivity. Particular students may well experience a period of four to eight weeks during which his flirtation with marijuana expands until his life for that period is taken up with little else. The result, for all but the best students, is academic disaster.

Eventually, this student may, in fact probably will, either give up the drug or so modify his usage as to be quite capable of carrying on normally. The damage ,however, will have been done.

It can be argued that only the student with a predisposition to some kind of psychological difficulty would experience this particular syndrome. While there may be some degree of truth in this view, it does miss the fundamental point. Most people have psychological problems, some are rather severe. By seeking the necessary help or by simple force of personality, these problems may be overcome. For many, the use of marijuana becomes an escape from the problem, and more importantly, an escape which tends to aggravate the initial condition.

In brief, for many students, the use of marijuana carries the potentiality of academic catastrophe. It is clearly an escapist drug and even its most fervent advocates would admit that its action is unpredictable. Instances of severe or long-term psychological disturbance stemming from marijuana use are probably rare, but they undoubtedly exist. Instances of short-term dislocation of one's ability to function are common enough to convince us that marijuana is a clear and present danger to any college student.

Dean of the College